2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 26, 2007 8:00 am Secretary of State 03-26-2007 90062 018 ****61.25

1. Entity Name	MENT # N06000012 HOMES II AT HERITAGE B		;			03 20 200	7, 70002 0	,10 0	1.20
10481 SIX MILE CYPRESS PKWY 10		Mailing Address 10481 SIX MILE CYPR FT MYERS, FL 33966	0481 SIX MILE CYPRESS PKWY			04115			100 B. 100
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02062007	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 20 - 1	90388.	72		plied For t Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of S			\$8.75 Add Fee Required	itional
	6. Name and Address of Current	t Registered Agent			7. Name and Ad	dress of New	Registered A	gent	
0.051.00	OUDISTORUED LEGG	'		Name		,			
SHIELDS, CHRISTOPHER J ESQ 1833 HENDRY STREET FT MYERS, FL 33901			ļ	Street Address (P.O. Box Number is Not Acceptable)					
]	City			FL	Zip Code)
	named entity submits this statement fi ions of registered agent.	for the purpose of changing i	its registere	ed office or regist	tered agent, or both, i	n the State of	Florida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	nt and tale if applicable. (NC	DTE: Registered	d Agent signature requi	ired when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2007	9. Election C.		inancing	\$5.00 May Be Added to Fees	FI	Make check		
SIGNATURE .	Filing Fee is \$61.25	9. Election C. Trust Fund	ampaign Fi	inancing	\$5.00 May Be Added to Fees		Make check lorida Depar	tment of St	ate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel Oce DAVI 52 THR W

234-278-1177